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Attorney Docket No.: 10177-058

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No.: 3341 Application of: Flanagan

Serial No.: 10/007,457 Group Art Unit: 1762

Examiner: Michener, Jennifer Kolb Filed: November 8, 2001

For: METHOD FOR MAKING AND MEASURING A

COATING ON THE SURFACE OF A MEDICAL

(008563-999056)DEVICE USING AN ULTRAVIOLET LASER

TRANSMITTAL OF REVOCATION AND POWER OF ATTORNEY

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

SIR:

Pursuant to 37 C.F.R. § 1.36, Applicant submits herewith a Revocation and Power Of Attorney to be filed in the above-identified application.

Please direct all correspondence and telephone calls to Jones Day at the address indicated below.

Respectfully submitted,

Date: May 25, 2004 Gidon D. Stern

JONES DAY

222 East 41st Street

New York, NY 10017

(212) 790-2803

Enclosure

MAY 2 5 2004 BY

POWER OF ATTORNEY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Flanagan Confirmation No.: 3341

Serial No.: 10/007,457 Art Unit: 1762

Filed: November 8, 2001 Examiner: Michener, Jennifer Kolb

For: METHOD FOR MAKING AND Attorney Docket No.: 008563-999056

MEASURING A COATING ON THE (Formerly 10177-058)
SURFACE OF A MEDICAL DEVICE USING

AN ULTRAVIOLET LASER

REVOCATION AND POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Scimed Life Systems, Inc. hereby revokes any and all previous powers and appoints:

(A) Practitioners at Customer Number 20583, and

(B) the following practitioners: Scott T. Bluni (Reg. No. 40,916), James R. Chiapetta (Reg. No. 39,634), Luke R. Dohmen (Reg. No. 36,783), Peter J. Gafner (Reg. No. 36,517), Albert K. Kau (Reg. No. 40,672), Kurt Lockwood (Reg. No. 40,704), Steven A. McAuley (Reg. No. 46,084), Todd P. Messal (Reg. No. 42,883), Robert M. Rauker (Reg. No. 40,782), and William J. Shaw (Reg. No. 43,111), all of Scimed Life Systems, Inc., whose address is 1 Scimed Place, Maple Grove, Minnesota 55311,

as his/her/its/their attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence address for the above-identified application to:

The above mentioned Customer Number.

Address: Jones Day, 222 East 41st Street, New York, New York 10017

Telephone: (212) 790-2803

I am the: Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71. (Statement under 37 CFR 3.73(b) is applicable)			
SIGNATURE of Assignee of Record			
Date:	3/12/04	Signature:	Scott
	•	Typed Name:	Scott T. Bluni
		Position/Title:	Assistant Secretary
Statement Under 37 C.F.R. 3.73(b)			
Scimed Life Systems, Inc. states that it is: the assignee of the entire right, title, and interest; or an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is			
in the patent application/patent identified above by virtue of either:			
	An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office on November 8, 2001 at Reel 012366, Frame 0377.		
	Copies of assignments or other documents in the chain of title are attached. [Note: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]		
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.			
ASSIGNEE: Scimed Life Systems, Inc.			
Date: _(3/12/04	Signature:	Lott Sh
	•	Typed Name:	Scott T. Bluni
		Position/Title:	Assistant Secretary
		Address	Scimed Life Systems, Inc. One Scimed Place Maple Grove, MN 55311-1566
Note: Signatures of all the inventors or assignees of record of the entire interest or their respresentative(s) are required. Submit multiple forms if more than one signature is required.			
☐ Total of	forms are submitted.		